



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E458794**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-02239		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	09	05	2015	0945	31						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20TH ST SE	BLOCK NO. <input checked="" type="checkbox"/>	7600
	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
75 00 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	75TH AVE SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4257706534
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LAST NAME	SAMUELSON	FIRST NAME	RYLAN	MIDDLE INITIAL	J
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STREET NEW ADDRESS	9902 115TH AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258928
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SAMUERJ067MG	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07	07	1994
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AUV2480	STATE	WA	VIN#	1HGCM55406A062674
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	HOND	MODEL	ACD4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **RYLAN SAMUELSON 2417 162ND DR SE SNOHOMISH WA 98290**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # AMERPRISE A100624814
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4252101906
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LAST NAME	REID	FIRST NAME	TIFFANY	MIDDLE INITIAL	L
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STREET NEW ADDRESS	702 RHODORA HGTS RD
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CITY	LAKE STEVENS	ST	WA	ZIP	982580000
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	REID*TL349L8	STATE	WA	SEX	F	D.O.B. MMDDYYYY	06	28	1966
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AOJ8498	STATE	WA	VIN#	JTJBT20XX60115221
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	LEXS	MODEL	GX470	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SCOTT REID 1015 STITCH RD LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # PEMCO CA 1213264
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E458794**

CASE # **15-02239**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		NELSON CLARA K																	
ADDRESS & PHONE # 500 UNIVERSITY PARKWAY #350 YAKIMA WA 98901 4257800630														SEX U	D.O.B. MMDDYYYY 10	- 25 -		- 1990	
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	- -		- -	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	- -		- -	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES			

NARRATIVE

Unit 2 and Unit 1 were both travelling eastbound in the 7600 20th St SE. Unit 2 slammed on its brakes to avoid hitting the vehicle in front of her. Unit 1 also slammed on its brakes but was not able to stop in time and collided with Unit 2 at its rear bumper. Driver of Unit 1 believes his braking ability was affected by the potholes in the roadway. There were no reported injuries at the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

09-05-15 04:50 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

9/5/2015 11:16:02 PM

BADGE OR ID #

075

ORI #

WA0311900

TIME POLICE DISPATCHED

9:47 AM

TIME POLICE ARRIVED

9:54 AM



7600 20TH ST SE



DRAWING IS NOT TO SCALE

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00039

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Reid, Tiffany L.	RACE W	ETH N	SEX F	DOB 6/28/66	AGE 49	HGT 5	WGT 6	HAIR BRN	EYES BLU
STREET ADDRESS 1015 Stitch Rd		CITY LK Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-377-2282		CELL PHONE 425-210-1906		PLACE OF EMPLOYMENT LK Stevens School Dist						
WORK PHONE 425-335-1515		EMAIL ADDRESS tfreid1@aol.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was heading W on 20th St. The car in front of me stopped fast to not hit the car in front of her that had stopped at the new light at Cavalero & 20th. I stopped in time (not to hit the car in front of me) but the Honda behind me did not. He hit me. My air bags did not deploy. Damage to my back bumper & muffler.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE Tiffany Reid	DATE SIGNED 9/5/15	LOCATION SIGNED LK STEVENS
OFFICER/NUMBER: Sgt. PRO	DATE SIGNED 11	LOCATION SIGNED 11

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02239

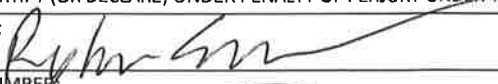
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Samuelson, Rylan James	RACE W	ETH W	SEX M	DOB 7/7/94	AGE 21	HGT 6'0"	WGT 185	HAIR Brown	EYES Blue
STREET ADDRESS 2417 162nd Dr SE		CITY Shoreline			STATE WA	ZIP 98148		RES. STATUS F		
HOME PHONE _____		CELL PHONE 425-770-6534			PLACE OF EMPLOYMENT Vaporland, Inc.					
WORK PHONE _____		EMAIL ADDRESS ry.samuelson@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I came up to the light at 30mph w/proper following distance then hit my brakes to stop. When I hit my brakes, my wheels bounced over the potholes in the road, prohibiting me from stopping fully

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 9/5/15	LOCATION SIGNED LAKE STEVENS
OFFICER/NUMBER: 	DATE SIGNED 11	LOCATION SIGNED 11

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02289

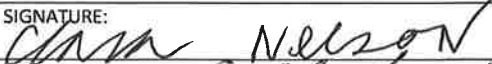
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) NELSON, CLARA, KATHLEEN	RACE	ETH	SEX F	DOB 10/25/90	AGE 24	HGT 5'4	WGT 125	HAIR BIO	EYES BLUE
STREET ADDRESS 500 UNIVERSITY PARKWAY #350		CITY YAKIMA			STATE WA	ZIP 98901		RES. STATUS		
HOME PHONE		CELL PHONE 425 760 0630			PLACE OF EMPLOYMENT					
WORK PHONE -		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

DRIVING IN towards Everett on 20th street. APPROACHED the new light @ cavalero & 20th when a white car in front of us slammed on their brakes. We then reacted by slamming on our brakes & man in a Honda rear-ended us. we did not hit the white car in front of us, we were just rear ended. we pulled over & exchanged information & He called the police.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED: 9/5/2015	LOCATION SIGNED
OFFICER/NUMBER: C. Chant #75	DATE SIGNED: 9/5/15	LOCATION SIGNED

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PAGE 1 OF 1

Incident History for: #SS15017971

Case Numbers: \$SS15002239

Entered 09/05/15 09:45:59 BY SPCT04 SP0393
Dispatched 09/05/15 09:47:17 BY SPDP17 SP0402
Enroute 09/05/15 09:47:17
Onscene 09/05/15 09:54:01
Closed 09/05/15 10:12:02

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1317 Map Page: 397C-4 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/CAVALERO RD ,LKS (V)

Loc Info: CAVALERO RD

Name: SAMUELSON, RYLAN

Addr:

Phone: 4257706534

/0945 (SP0393) ENTRY ,CC, NOW, 2 VEHS, NON INJ, NON BLKING GOLD 2006
HONDA ACCORD VS GRN 2006 LEXUS
/0947 (SP0402) DISPER 19D2 #SS72 AUKERMAN, OFFICER (WAYNE)
/0947 ASSTER 19D3 [20 ST SE/CAVALERO RD ,LKS]
#SS75 CHRISTENSEN, OFCR (CHAD)
/0947 CLEAR 19D2
/0954 (SS75) *ONSCNE 19D3
/0958 (SP0402) ASNCAS 19D3 \$SS15002239
/1012 CLEAR 19D3 D/H
/1012 CLOSE 19D3